DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 11 (0009573)

Address: 1306 12TH AVENUE SE, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 09/01/2002

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0093721 End Date: 11/09/2004 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006397 Served 11/29/2004

Deficiencies Cited Subject Area

83.41(10)(b) MECHANICALS IN GOOD REPAIR 83.42(3)(f) SLEEPING HOURS EVACUATION DRILL <u>Compliance</u> Verified Corrected